

TAYLOR PARK HEALTH &amp; REHAB CENTER

903 BOYCE DRIVE, P.O. BOX 857

RHINELANDER 54501 Phone: (715) 365-6863

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 100

Total Licensed Bed Capacity (12/31/03): 100

Number of Residents on 12/31/03: 85

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 92

Corporation

Skilled

No

Yes

Yes

92

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		21.2
Supp. Home Care-Personal Care	No					1 - 4 Years		38.8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.2	Under 65	3.5	More Than 4 Years		25.9
Day Services	No	Mental Illness (Org./Psy)	47.1	65 - 74	8.2			----
Respite Care	No	Mental Illness (Other)	3.5	75 - 84	28.2			85.9
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	52.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.2	95 & Over	7.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	9.4		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	12.9	65 & Over	96.5	-----		
Transportation	No	Cerebrovascular	10.6	-----	----	RNs		17.7
Referral Service	No	Diabetes	3.5	Gender	%	LPNs		5.6
Other Services	No	Respiratory	3.5	-----	----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	7.1	Male	18.8	Aides, & Orderlies		
Mentally Ill	No		----	Female	81.2			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	5	100.0	302	61	95.3	125	0	0.0	0	14	100.0	177	0	0.0	0	2	100.0	177	82
Intermediate	---	---	---	3	4.7	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	5	100.0		64	100.0		0	0.0		14	100.0		0	0.0		2	100.0		85

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	8.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.8	Bathing	4.7	64.7	30.6	85
Other Nursing Homes	7.0	Dressing	9.4	68.2	22.4	85
Acute Care Hospitals	81.3	Transferring	28.2	58.8	12.9	85
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	15.3	67.1	17.6	85
Rehabilitation Hospitals	0.0	Eating	50.6	31.8	17.6	85
Other Locations	2.3	*****				
Total Number of Admissions	128	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	10.6	Receiving Respiratory Care		12.9
Private Home/No Home Health	29.3	Occ/Freq. Incontinent of Bladder	55.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	22.6	Occ/Freq. Incontinent of Bowel	36.5	Receiving Suctioning		1.2
Other Nursing Homes	7.5			Receiving Ostomy Care		5.9
Acute Care Hospitals	18.8	Mobility		Receiving Tube Feeding		7.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.5	Receiving Mechanically Altered Diets		35.3
Rehabilitation Hospitals	0.0					
Other Locations	2.3	Skin Care		Other Resident Characteristics		
Deaths	19.5	With Pressure Sores	12.9	Have Advance Directives		92.9
Total Number of Discharges		With Rashes	9.4	Medications		
(Including Deaths)	133			Receiving Psychoactive Drugs		52.9

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.0	80.8	1.14	84.0	1.10	84.0	1.10	87.4	1.05
Current Residents from In-County	75.3	73.7	1.02	80.7	0.93	76.2	0.99	76.7	0.98
Admissions from In-County, Still Residing	16.4	19.8	0.83	21.5	0.76	22.2	0.74	19.6	0.84
Admissions/Average Daily Census	139.1	137.9	1.01	135.6	1.03	122.3	1.14	141.3	0.98
Discharges/Average Daily Census	144.6	138.0	1.05	137.2	1.05	124.3	1.16	142.5	1.01
Discharges To Private Residence/Average Daily Census	75.0	62.1	1.21	62.4	1.20	53.4	1.41	61.6	1.22
Residents Receiving Skilled Care	96.5	94.4	1.02	94.8	1.02	94.8	1.02	88.1	1.10
Residents Aged 65 and Older	96.5	94.8	1.02	94.5	1.02	93.5	1.03	87.8	1.10
Title 19 (Medicaid) Funded Residents	75.3	72.0	1.05	71.9	1.05	69.5	1.08	65.9	1.14
Private Pay Funded Residents	16.5	17.7	0.93	17.4	0.95	19.4	0.85	21.0	0.79
Developmentally Disabled Residents	1.2	0.8	1.50	0.6	2.01	0.6	1.86	6.5	0.18
Mentally Ill Residents	50.6	31.0	1.63	31.8	1.59	36.5	1.39	33.6	1.51
General Medical Service Residents	7.1	20.9	0.34	21.1	0.33	18.8	0.38	20.6	0.34
Impaired ADL (Mean)	49.6	45.3	1.10	47.6	1.04	46.9	1.06	49.4	1.00
Psychological Problems	52.9	56.0	0.95	57.6	0.92	58.4	0.91	57.4	0.92
Nursing Care Required (Mean)	10.6	7.2	1.47	7.8	1.36	7.2	1.48	7.3	1.45